



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/069,580 Confirmation No. 3826
Applicant : H. SUGIYAMA et al
Filed : May 17, 2002
Title : AUTOMATIC ANALYZER AND PART FEEDING DEVICE
USED FOR THE ANALYZER
TC/AU : 1743
Examiner : N.A. Levkovich
Docket No. : ASA-1069
Customer No.: 24956

MAIL STOP: RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of September 8, 2005, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper; and

Remarks begin on page 10 of this paper.

A Petition for a Two-Month Extension of Time and the required fee accompany this paper.

A Request for Continued Examination (RCE) and the required fee accompany this paper.

In RE application of H. SUGIYAMA et al.

Serial No.: 10/069,580

Group Art Unit: 1743

Examiner: N. A. Levkovich

For: DISK ARRAY DEVICE AND DISK ARRAY DEVICE CABLE SUPPORT METHOD

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra		SMALL ENTITY Rate	Additional Fee	OR	OTHER THAN A SMALL ENTITY Rate	Additional Fee
Total	* 20	Minus	** 20	=	0	X 25	\$		X 50	\$
Indep.	** 4	Minus	*** 4	=	0	X 100	\$		X 200	\$
						X 180	\$		X 360	\$
<input type="checkbox"/> First presentation of Multiple Dependent Claims						Total	\$	OR	Total	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$_____ is attached.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By: 

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Date: February 7, 2006